

FILED NOV 9 1948

Registration District No. 3187

Primary Registration District No. 6076

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pine Crest Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME James Wm. Raybourn  
3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_

4. Sex M. 5. Color W. 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased 10 22 74  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 11 30 hr. \_\_\_\_\_ min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Raybourn Sr  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name M. Bell  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mamie Lusk  
(b) Address 1814 Hogan St

17. (a) Buried (b) Date thereof 10/23/48  
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director Clenton H. C.

(b) Address 1841 Cass Ave

19. (a) 10-23-48 (b) Georgina Sharp  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Gas  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1814 Hogan St (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month OCT day 21  
year 1948 hour 6 minute 15 P.M.  
21. I hereby certify that I attended the deceased from SEPT 20  
1948 to OCT 21 1948;  
that I last saw him alive on OCT 18 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemiplegia  
chronic myocarditis

Due to Senility  
93d

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 0

23. Signature A. P. Murkins (M. D. or other)  
Address 3507 Poloma Date signed 10-24-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Gustav W Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**